

INVENTEK

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DEC 09 2004

Patent Application Ser. No.: 10/698,588

Ref./Docket No: CISCO-7727

Applicant(s): Lyons, et al.

Examiner.: Raymond B. Persino

Filing Date: October 31, 2003

Art Unit: 2682

FAX COVER PAGE

TO: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

United States Patent and Trademark Office
(Examiner Raymond B. Persino, Art Unit 2682)

Fax No.: 703-872-9306

DATE: December 9, 2004

FROM: Dov Rosenfeld, Reg. No. 38687

RE: Response to Office Action

Number of pages including cover: 16

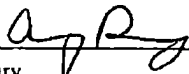
OFFICIAL COMMUNICATION

PLEASE URGENTLY DELIVER A COPY OF
THIS RESPONSE TO
EXAMINER RAYMOND B. PERSINO, ART UNIT
2682

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Date: Dec. 9, 2004

Signed: 
Name: Amy Drury

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>	Application Number	10/698,588
	Filing Date	31 Oct 2003
	First Named Inventor	Lyons, Daniel Joseph
	Group Art Unit	2682
	Examiner Name	Raymond B. Persino
	Attorney Docket Number	CISCO-7727

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> <input type="checkbox"/> After Final <input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard <input type="checkbox"/> <input type="checkbox"/>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	
Date	December 9, 2004

ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
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CERTIFICATE OF FACSIMILE TRANSMISSION

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Type or printed name	Amy Drury	Date	December 9, 2004
Signature		Date	December 9, 2004

Our Ref./Docket No: CISCO-7727

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Lyons, *et al.*

Application No.: 10/698,588

Filed: October 31, 2003

Title: ERROR VECTOR MAGNITUDE
SELECTION DIVERSITY METRIC FOR
OFDM

Group Art Unit: 2682

Examiner: Raymond B. Persino

TRANSMITTAL: RESPONSE TO OFFICE ACTIONMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

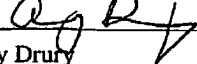
Transmitted herewith is a response to an office action for the above referenced application.
Included with the response are:

_____ drawing(s);

This application has:

_____ a small entity status. If a claim for such status has not earlier been made, consider
this as a claim for small entity status.X No additional fee is required.

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on.Date: Dec. 9, 2004Signed: 
Name: Amy Drury

S/N 10/698,588

Page 2

CISCO-7727

☒ Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

_____ Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

_____ one months (\$110)

_____ two months (\$410)

_____ three months (\$930)

_____ four months (\$1450)

If an additional extension of time is required, please consider this as a petition therefor.

_____ A credit card payment form for the required fee(s) is attached.

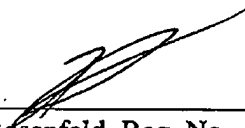
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

☒ Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.

☒ Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

Dec. 9, 2004
Date


Dov Rosenfeld, Reg. No. 38687

Address for correspondence:

Dov Rosenfeld

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Oakland, CA 94618

Tel. 510-547-3378; Fax: +1-510-291-2985

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